



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Human Dynamics and Diagnostics LLC	Region(s):	3
Agency Type:	DDA	Survey Dates:	27 Oct 2016 to 28 Oct 2016
Certificate(s):	DDA-5339	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.03.21.009.01 009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)	Based on the review of agency records, it was determined that 2 out of the 3 staff records reviewed did not meet the requirements under IDAPA 16.05.06, Section 190.01. For example: Employee #2 was hired in July and the clearance letter was not printed until September. Employee #3 clearance letter was printed at survey; however this was outside of the 14 day timeframe.	1. Clearance letters will be printed out within a week that the employee signs hiring paperwork. 2 The hiring agent will make sure that all employee files are up to date and sufficient before employee works with client(s). 3. Kat Reese, Clinical Supervisor and Shannon Johnson, Program Manager 4. Documentations will be done during hiring process and employees will not work unless proper clearance is done.	11/28/2016
16.03.21.125 125. An agency must request renewal of its certificate no less than ninety (90)	The agency did not request renewal of their certificate.	1. Agency will follow protocol and request that the DDA licensing and certification auditors come to audit the agency's files 90	11/28/2016



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days before the expiration date of the certificate, to ensure there is no lapse in certification. The request must contain any changes in optional services provided and outcomes of the internal quality assurance processes required under Section 900 of these rules. (7-1-11)		days prior to expiration of certificate. 2. There will be reminders for the clinical supervisor and program manager to allow sufficient time to request an audit. 3. Kat Reese, Clinical Supervisor and Shannon Johnson, Program Manager 4. Reminders will be set as soon as the agency knows when the certification will expire to request an audit from the DDA licensing and certification agency.	
16.03.21.601.01.d. 601. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual	Based on the review of agency records 2 out of the 3 participant files reviewed did not contain allergies and/or medical needs as outlined in 16.03.21.602.01.d. For example: Participant #1 allergy medication was not listed on the profile sheet. Participant #2 food allergy was not listed on the profile sheet. In addition, participant #2 takes medication every 6 hours for asthma and this information was missing from the profile sheet.	1. Documentation of all the participants medical needs from the MSDA and SIB-R will be noted on the participants information sheet. 2. The clinical supervisor and the Habilitative Interventionist will be responsible for documenting and maintaining medical needs in the participants file. 3. The clinical supervisor and the Habilitative Interventionist will be responsible for implementing the corrective action. 4. Assessment of each participant will take place and will include all medical	12/9/2016



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providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. 01. General Records Requirements. Each participant record must contain the following information: d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-11)		documented in the MSDA and SIB-R will be addressed on the profile sheet.	
16.03.21.915.07. 915. POLICIES AND PROCEDURES	Based on review of the agency records, it was determined that the agency did not	1. A behavioral plan will be implemented for those that need one and the assessment	1/15/2017



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<p>REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address:</p> <p>07. Objectives and Plans. For intervention services, ensure that objectives and intervention techniques are developed or obtained and implemented to address self-injurious behavior, aggressive behavior, inappropriate sexual behavior, and any other behaviors which significantly interfere with participants' independence or ability to participate in the community. Ensure that reinforcement selection is individualized and appropriate to the task and not contraindicated for medical reasons. (7-</p>	<p>implement their policy and procedures for addressing maladaptive behaviors.</p> <p>For example: Participant #3 has a history of maladaptive behaviors. The agency has outlined in their policy and procedures additional evaluation to address maladaptive behaviors yet the agency did not implement these additional evaluations.</p>	<p>will indicate if there is a need for a BIP based on maladaptive behaviors at school and at home.</p> <p>2. The clinical supervisor and the Habilitatibe Interventionist will be responsible for documenting and maintaining maladaptive behavior needs in the participants file.</p> <p>3. The clinical supervisor and the Habilitatibe Interventionist will be responsible for implemeting the corrective action.</p> <p>4. During assessement, a participant will be monitored to see if there is a need for a BIP in the plan, if so one will be completed and put in the PIP.</p>	



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1-11)			

Agency Representative & Title: Kat Reese, BA HI CS

Date Submitted: 11/28/2016

* By entering my name and title, I agree to implement this plan of correction as stated above.

Department Representative & Title: Sandi Frelly, Medical Program Specialist

Date Approved: 12/1/2016

* By entering my name and title, I approve of this plan of correction as it is written on the date identified.